

FEDERAL INJURY COMPENSATION

Evidence Required In-Support of a  
Claim for Work-Related Hearing Loss

U.S. Department of Labor  
Employment Standards Administration  
Office of Workers' Compensation Programs



IF YOU ARE FILING A CLAIM FOR HEARING LOSS, THIS CHECKLIST DESCRIBES THE INFORMATION NEEDED FROM YOU AND YOUR EMPLOYING AGENCY. All of the following information should be submitted with Form CA-2. Please return the checklist with your statements attached. Check off each item as it is completed or let us know when we can expect the information. All material submitted should be legible and specific.

FROM EMPLOYEE		FROM EMPLOYING AGENCY	
1. List your employment history by employer, job title, and inclusive dates. Include non-Federal employment and military service.	<input checked="" type="checkbox"/>	9. Review and comment on the employee's statement in response to questions 1-5.	<input type="checkbox"/>
2. For each job title, describe source of noise, number of hours of exposure per day, and use of any safety devices to protect against noise exposure. State when safety devices were provided.	<input type="checkbox"/>	10. Describe all work-related exposure to hazardous noise, including: a. Locations of job sites. b. Nature of exposure to noise (machinery, etc.) c. Decibel and frequency level (noise survey report) for each job site. d. Period of exposure, hours per day, days per week. e. Type of ear protection provided.	<input type="checkbox"/>
3. Give history of any previous ear or hearing problems.	<input type="checkbox"/>	11. Attach copies of the employee's: a. SF-171, Application for Employment. b. Job sheet and employment record. c. All medical examinations pertaining to hearing or ear problems, including preemployment examination and all audiograms.	<input type="checkbox"/>
4. Describe any hobbies which involve exposure to loud noise.	<input type="checkbox"/>	12. If the employee is no longer exposed to hazardous noise, give date of last exposure and the payrate in effect on that date.	<input type="checkbox"/>
5. If you are no longer exposed to hazardous noise at work, give the date you were last exposed.	<input type="checkbox"/>		
6. If you have been examined or treated by a doctor for an ear or hearing problem, provide a medical report and audiograms.	<input type="checkbox"/>		
7. State whether a claim for workers' compensation benefits for this or any other condition affecting ears or hearing was ever filed. If so, give date of claim, name and address where filed, and benefits received.	<input type="checkbox"/>		
8. Give the date you first noticed your hearing loss.	<input type="checkbox"/>		
Give date you first related hearing loss to employment, and reason why.	<input type="checkbox"/>		

Figure 810-28. Hearing Loss Check List.

## **SAMPLE HEARING LOSS CLAIM - VEHICLE OPERATOR SUMMARY**

Mr. Jackson is a 60-year old employee who has claimed a job-related hearing loss. He alleges frequent exposure to hazardous noise while employed as a Vehicle Operator for a 9-year period.

### **CLAIMANT'S STATEMENT**

I work as a Vehicle Operator in the Transportation Squadron and have been working out of Base Operations on the flightline for nine years.

We have many transient KC 135 aircraft coming from other bases and that land here and unload and load personnel without shutting their engines off. This makes a lot of noise and we take personnel to within approximately 50 feet of the aircraft to exchange personnel. Also, our own base KC 135 aircraft on training missions change crews many times without shutting down engines. The frequency of these changes varies, but will average five or more times per week.

### **SUPERVISOR'S STATEMENT**

1. I have been Mr. Jackson's supervisor for the past four years in his position as Vehicle Operator.
2. Essentially, Mr. Jackson's statement of his duties is accurate. However, I do not believe that the performance of those duties contributed to his alleged hearing difficulties. Personnel changes take less than 10 minutes each, from start to finish, and hearing protection is provided. Mr. Jackson is involved in an average of 15 to 20 changes a day. The rest of the time, the drivers sit inside in a lounge-type environment and watch TV, play cards, and talk among themselves.
3. Drivers are prohibited from being within 50 feet of aircraft when engines are running which at most is 10 percent of the time.
4. Drivers simply deliver passengers from the terminal to the aircraft and return to the terminal. Normally, they do not leave the bus.
5. Hearing protection includes ear plugs that were issued and fitted by the base clinic. Mr. Jackson has had his ear plugs since his first day of employment as a Vehicle Operator. He regularly wears his hearing protection. All employees have been counseled regarding proper procedures for wearing hearing protection. Mr. Jackson was in attendance when counseling was provided on the following dates:

16 February 1986  
23 March 1987  
12 January 1988  
1 March 1989  
2 April 1990  
13 February 1991  
20 March 1992

Figure 810-29. Sample Hearing Loss Claim.

Mr. Jackson and I both take sound safety practices seriously and to my knowledge he has never been observed or known to work without wearing his ear plugs when his duty so required.

6. M. Jackson retired from the Air Force (military) before his employment here. Additionally, he plays in a band on weekends and is a voluntary firefighter in his community. It appears that these factors may have contributed to his hearing problems if, in fact, they are noise related.

Figure 810-29 Continued. Sample Hearing Loss Claim.

## EMPLOYEE'S SUPPLEMENTAL STATEMENT TO LOSS OF HEARING CLAIM

1. NAME:
2. Date you first became aware of hearing problem:
3. Date you first related that problem to your federal employment and why:
4. If no longer exposed to noise, indicate date of last exposure:
5. Give a detailed history of any previous ear or hearing problems and provide any medical reports or audiograms you may have:
6. Describe in detail the duties you performed that you believe contributed to your hearing problems:
7. State when safety devices were provided and the type:
8. Did you wear the safety devices at all times as required:
9. Describe and/or diagram the work site and placement of any equipment that you believe contributed to your hearing problems:
10. List all hobbies or activities in which you participate such as hunting, dirt bikes, boating, farming, motorcycles, auto mechanics, carpentry work, cutting and polishing rocks, body work on cars, three or four wheeling, etc. Describe how often you participate in these activities and the number of days:
11. List the names of others who worked in the same area(s) and who had hearing loss:
12. If you were in the military service, list your job title(s) and inclusive dates you served. If you worked in a noise area, describe the source of noise and number of hours of exposure per day, and describe the hearing protectors provided to protect against noise exposure.
13. Did you wear the hearing protectors?
14. Attach statements from co-workers who have first-hand knowledge of your working and/or physical conditions.

Figure 810-30. Sample Employee's Supplemental Statement to Hearing Loss.

15. Provide any other information you believe is pertinent to this claim.

16. I certify that the information provided is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Figure 810-30 Continued. Sample Employee's Supplemental Statement  
to Hearing Loss.

## **SUPERVISOR'S SUPPLEMENTAL STATEMENT TO HEARING LOSS CLAIM**

1. Claimant's Name:
2. Time Frame (list dates employee worked in your area):
3. Description of Duties (describe in detail the work performed by the employee and provide a copy of the position description):
4. Working Conditions (identify all sources of noise; such as drills, compressors, rivet guns, etc.):
5. Safety Precautions (describe equipment or procedures used to reduce the hazard, e.g., whether hearing protection is required, and type worn): Did the employee wear the hearing protection as required by regulations?
6. Work Exposure (state the nature, extent and duration of exposure, including dates, hours per day and days per week):
7. Description and/or diagram of work site (list all buildings employee worked in, describe the work site(s) and, if necessary, provide a diagram of the employee's work area in relation to areas of hazardous noise levels):
8. Off Duty Exposure (provide any information you may have regarding employee's off duty exposure to noise, such as hobbies like hunting, dirt biking, etc.):
9. List others who worked in the same area and may have been similarly affected:

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Signature

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Date

Figure 810-30 Continued. Sample Supervisor's Supplemental Statement to Hearing Loss.

[illegible]

Figure 810-31. Sample of Noise Exposure Work History.